County of San Bernardino

**F A S**

**CONTRACT TRANSMITTAL**

| | | | | | |
|---|---|---|---|---|---|
| | New | Vendor Code | SC | Dept. PHL A | Contract Number |
| X | Change | | | | 01-898 A2 |
| | Cancel | | | | |

| County Department | | Dept. | Orgn. | Contractor's License No. |
|---|---|---|---|---|
| Public Health | | PHL | PHL | |

| County Department Contract Representative | Telephone | Total Agreement Amount |
|---|---|---|
| Alexander Taylor | 388-5727 | $1,561,205 |

**Contract Type**

[x] Revenue  [ ] Encumbered  [ ] Unencumbered  [ ] Other:

If not encumbered or revenue contract type, provide reason:

| Commodity Code | | Contract Start Date | Contract End Date | Original Amount | Amendment Amount |
|---|---|---|---|---|---|
| | | | | $1,418,883 | $142,322 |

| Fund | Dept. | Organization | Appr. | Obj/Rev Source | GRC/PROJ/JOB No. | Amount |
|---|---|---|---|---|---|---|
| AAA | PHL | 1505 | | 8710 | | $1.561.205 |
| Fund | Dept. | Organization | Appr. | Obj/Rev Source | GRC/PROJ/JOB No. | Amount |
| | | | | | | |
| Fund | Dept. | Organization | Appr. | Obj/Rev Source | GRC/PROJ/JOB No. | Amount |
| | | | | | | |

| Project Name | Estimated Payment Total by Fiscal Year | | | | | |
|---|---|---|---|---|---|---|
| HIV/AIDS Education and Prevention Program MOU | FY | Amount | I/D | FY | Amount | I/D |
| | 01-02 | 472,961 | | | | |
| | 02-03 | 472,961 | | | | |
| | 03-04 | 615.283 | | | | |

CONTRACTOR    Department of Health and Human Services

Federal ID No. or Social Security No.

Contractor's Representative    Edward Stahlberg, Chief, Program Support Branch

Address   1501 Capitol Avenue, Suite 71.2101, MS 1403, PO box 997413,          Phone
          Sacramento, California 95899-7413

Nature of Contract:  *(Briefly describe the general terms of the contract)*

This is Amendment No. 2 to Agreement No. 01-898 in the amount of $1,561,205 to provide primary and secondary prevention education and outreach to high-risk populations for the period July 1, 2001 through June 30, 2004.

THIS IS NOT A CONTRACT

THIS IS A COVER TRANSMITTAL ONLY

*(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)*

| Approved as to Legal Form (sign in blue ink) | Reviewed as to Contract Compliance | Presented to BOS for Signature |
|---|---|---|
| ► | ► | ► |
| County Counsel (Scott Runyan) | | Department Head (James A. Felten) |
| Date | Date | Date |

**Auditor/Controller-Recorder Use Only**

| ☐ Contract Database | ☐ FAS |
|---|---|
| **Input Date** | **Keyed By** |